b. CITY (II outside corporate Umits, write RURAL and stree Or Now St. Louis (C. LENGTH OF OR STAY (its this parcy) (C. CITY OR			THE DIVISIO							000	~4
BIETH NO.  BEC. DIST. NO.  BEC	ส์บริก .เบท	7 1957	STANDARE		ICATE C	OF DEA	\TH	5	State File No.	194	6
1. PLACE OF DEATH  a. COUNTY  b. CITY (If coulde corporate Units, write RURAL and give 10 to the property of the bit of the bit of the property of the bit of the	•		_ REG. DIST. NO	318	PRIMARY RE	G. DIST.	m. 1	003.	Registrar's Na	. 502	28
b. CITY (If outside corporate limite, write RURAL and give for cormals) of STAY (in the place)  of Fill NAME OF (if set is hought of insultation, either street sidings or leveling)  d. Fill NAME OF (if set is hought of insultation, either street sidings or leveling)  ADDRESS OF 2529a W. Hebert St.  3. NAME OF (if set is hought of insultation, either street sidings or leveling)  ADDRESS OF 2529a W. Hebert St.  3. NAME OF (if set is hought of insultation)  3. NAME OF (if set is hought of insultation, either street sidings or leveling)  3. NAME OF (if set is hought of insultation)  3. NAME OF (if set is hought of insultation)  4. FORM OF OR OF	I. PLACE OF DEA	тн				. RESIDE	ENCE (	Where decess	ed lived. If L		éide per
TOWN St. Louis   St.   Course   St.	a. COUNTY				a. STATE			b.	COUNTY		ad.
A HOSPITALOR St. LOUIS Chronic  C HOSPITALOR St. LOUIS Chronic  DO. DO. DO. CHRONIC  Margaret  Margaret  Windschieg  DEATH 5 28  C CLANDING Shill BEATH	OR		URAL and give township) C. ST/	LENGTH OF AY (In this place)	OR	Bt. I	Louis	3	d. L. R a ci Ye	esidence within	a limits
A NAME OF DECEASED MATGUETITE D. (Middle)  Margaret  Windschieg!  DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. DETO: Oct 27 1900   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. SEX / 6. COLOR OR RACE   7. MARRIED. NO. STAND DUSTRY   DEATH 5 28  S. SEX / 6. SE						т.	(If rural	give location			<u> </u>
S. SEX   S. COLOR OR RACE   7. MARRIED NEVER NEVER MARRIED NEVER MARRIED NEVER NEVER MARRIED NEVER NEVER MARRIED NEVER	26 INSTITUTION S	t. Louis	Chronic -		ADDRES مركز	PD 252	29a V	V. Het		t	
5. SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED.   8. DATE OF BIRTH   OCT 27 1903   9. AGE (is year) or never with the control of working with the control of working with the control of the control of working with the working working with the working working with the working work				ddle) K				) OF	(Month)	·	(Y
Day				MADDIED 4			<u>,                                    </u>	•	5		
10a. USUAL OCCUPATION (thre kind of each down during most of volpice life were if relieved)  10b. KIND OF BUSINESS OR IN-  At Home OUSTRY  At Home OUSTRY  At Home OUSTRY  At Home OUSTRY  St. Louis, Missouri  12. Chileno Country OUSA  13a. Father's Mane Chorpe Windschieg!  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IN INFORMANT'S SIGNATURE OR NAME NO  10 No  11. DISEASE OR CONDITION ON  11. DISEASE OR CONDITION ON  11. DISEASE OR CONDITION ON  12. CAUSE OF DEATH Enter only one country Outer to the down complication which caused death. On The security is any, giving DUE TO (b)  15. Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IN INFORMANT'S SIGNATURE OR NAME NO  17. INFORMANT'S SIGNATURE OR NAME ONSTAND O	female	white	WIDOWED, DIVOR	CED (Specify)	7		XOCI	56	day) Months		
13b. MOTHER'S MANE   LOUISE   Edler   Never married     Never married   15. WAS DECEASED EVER IN U.S. ARRED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   25.29     No.   25.29   17. INFORMANT'S SIGNATURE   25.29     No.   25.29   17. INFORMANT'S SIGNATURE   25.29     No.   25.29   25.29     No.	done during most of working	ur life, even if retired)	10b. KIND OF BUSI	NESS OR IN-		(6.5	y and St.	i Foreign	Cognery) O	12. CITIZI COUNT	EN OF
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Tom. no. or unknown) (If you, give was or date of service) (If you, give was or date of service) (If you, give was or date of service) (If you give was or date of you was or date of you give was or date or you give was or date or you give was or date or date of you give was or date or you give was or date or you give	13a. FATHER'S NAME	<u> </u>						WE OF HUS	BAND OR WI		-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. No. or Tuknows)  (If yes, sive war or dates of service)  10. NON  11. DISEASE OR CONDITION  12. DISEASE OR CONDITION  12. DISEASE OR CONDITION  13. DISEASE OR CONDITION  14. DISEASE OR CONDITION  14. DISEASE OR CONDITION  15. This does not mean the title of (a), (b), and (c)  16. This does not mean the title to the chose cause (e) stating the underlying cause leaf.  17. INFORMANT'S SIGNATURE OR NAME  18. ACCIDENT  19. DISEASE OR CONDITION  19. DISEASE OR CONDITION  19. MOTHER SIGNIFICANT CONDITIONS  Conditions, if any, gising DUE TO (b)  19. DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not rich did to the disease or condition counting death.  19. MAJOR FINDINGS OF OPERATION  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not rich did to the disease or condition counting death.  19. MAJOR FINDINGS OF OPERATION  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not rich did to the disease or condition counting death.  22. DID TO (c)  23. ACCIDENT  19. MAJOR FINDINGS OF OPERATION  21. INJURY OCCURRED WILLEAT NORK  22. I hereby certify that I attended the deceased from 7-20-54., 19., to 5-28-57., 19., that I last saw the death of the did to the did t	George Wi	ndschieg	,   I				<b></b> _	Nevel	marr	ied	
18. CAUSE OF DEATH Enter only one souses per line for (a), (b), and (c)  "This does not mean the time of dying, such as heart felliure, extending, extendi	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?   16. SOCIAL								
DISEASE OF CONDITION   DISEASE OR CONDITION	. 1				Mi ss	Dorot	thy Y	Vinde	niegi	, Zoz	A 1
the underlying cause last.  The to the above entite (a) starting the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Obditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Obditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Obditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Obditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Obditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Obditions contributing to the death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  VES UNION  (COUNTY)  (STATE NOT WHILE AT WORK UNION  TO STATE NOT WHILE	line for (a), (b), and (c)	ANTECEDENT CA	AUSES		<u>oscka</u>	enlic	Hea	ns D	Alas	2.3	<del>20.</del>
II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition cousing death.	as heart failure, asthenia, etc. It means the dis-	THE LO LIKE GOOVE CO	uuse (a) stating use last.	-				4	20.0		
192. DATE OF OPERATION  213. ACCIDENT (Bpecily)  214. ACCIDENT (Bpecily)  215. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  216. INJURY (Day)  217. INJURY  218. INJURY OCCURRED  OF INJURY  219. INJURY OCCURRED  OF INJURY  220. I hereby certify that I attended the deceased from 7-20-54, 19, to 5-28-57, 19, that I last saw the decaler on 5-28-57, 19, and that death occurred at 6:15am., from the causes and on the date stated above.  223a. SIGNATURE  (Degree or title)  224c. NAME OF CEMETERY OR CREMATORY  224d. LOCATION (City, town, or county)  325. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  225. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  226. Missouri  227. ADDRESS  228. SIGNATURE  (STATE VEST.)  (COUNTY)  (COUNTY)  (STATE VEST.)  (COUNTY)  (STATE VEST.)  (COUNTY)  (STATE VEST.)  (COUNTY)  (STATE VEST.)  (STATE VEST.)  (COUNTY)  (COUNTY)  (STATE VEST.)  (COUNTY)  (COUNTY)  (COUNTY)  (STATE VEST.)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUN	tion which caused death.	II. OTHER SIGNIF		- (0)						-	
192. DATE OF OPERATION  213. ACCIDENT (Bpecily)  214. ACCIDENT (Bpecily)  215. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  216. INJURY (Day)  217. INJURY  218. INJURY OCCURRED  OF INJURY  219. INJURY OCCURRED  OF INJURY  220. I hereby certify that I attended the deceased from 7-20-54, 19, to 5-28-57, 19, that I last saw the decaler on 5-28-57, 19, and that death occurred at 6:15am., from the causes and on the date stated above.  223a. SIGNATURE  (Degree or title)  224c. NAME OF CEMETERY OR CREMATORY  224d. LOCATION (City, town, or county)  325. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  225. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  226. Missouri  227. ADDRESS  228. SIGNATURE  (STATE VEST.)  (COUNTY)  (COUNTY)  (STATE VEST.)  (COUNTY)  (STATE VEST.)  (COUNTY)  (STATE VEST.)  (COUNTY)  (STATE VEST.)  (STATE VEST.)  (COUNTY)  (COUNTY)  (STATE VEST.)  (COUNTY)  (COUNTY)  (COUNTY)  (STATE VEST.)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUN		Conditions contrib	nuting to the death but not ise or condition causing d	coth. Mes	etial	en ale	2-0-	مده		2	
21d. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE  21d. Me (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  21d. Thereby certify that I attended the deceased from 7-20-54, 19, to 5-28-57, 19, that I last saw the deceased from 3 and that death occurred at 6:15am., from the causes and on the date stated above.  22a. SIGNATURE  (Degree or title) 23b. ADDRESS  23a. BURIAL. CREMA- 24b. DATE  (Degree or title) 23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  BURIAL- CREMA- 24b. DATE  Calvary Cemetery  DATE RECORD BY LOCAL REGISTRARS SIGNATURE  25 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	19a. DATE OF OPERA- TION				0			, .,		200 AUT	OPEN
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  INJURY   WORK   NOT WHILE   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 7-20-54, 19, to 5-28-57, 19, that I last saw the decative on 5-28-57, 19, and that death occurred at 6:15am., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title)   23b. ADDRESS   23c. DATE SIGNATURE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (St. 10018, Missouri DATE RECTOR BY LOCAL REGISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR'S SIGNATURE   25	21a. ACCIDENT	(Bracify)   1	21b. PLACE OF INJURY	(a.s., in or about	21c. (CITY. I	TOWN, OR T	TOWNSHII	P)	(COUNTY)		TATE
while at work NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7-20-54., 19, to 5-28-57., 19, that I last saw the decay alive on 5-28-57., 19, and that death occurred at 6:15am., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  150N. REMOVAL (Benefity)  24d. LOCATION (City, town, or county)  25 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	SUICIDE HOMICIDE										
alive on 5 = 28 = 57 , 19 , and that death occurred at 6:15am., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  23c. DATE SIGNATURE  (A. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SI BURIAL DESCRIPTION, REMOVAL (Broadly) 5-31-57 - Calvary Cemetery St. Louis, Missouri  DATE REC'D BY LOCAL REGISTRARS SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE 25 ADDRESS	21d. TIME (Mossib) OF INJURY	(Day) (Year) (I	WHILEAT (***)	NOT WHILE [ ]	21f. HOW DI	ID INJURY	OCCUR?				
alive on 5 = 28 = 57 , 19 , and that death occurred at 6:15am., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  23c. DATE SIGNATURE  (A. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SI BURIAL DESCRIPTION, REMOVAL (Broadly) 5-31-57 - Calvary Cemetery St. Louis, Missouri  DATE REC'D BY LOCAL REGISTRARS SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE 25 ADDRESS	2. I hereby certify t	hat I attended ti	he deceased from I	7-20-54	, 19	, to <u>5-2</u>	28-57	7, 19	_, that I la	st saw the	e dec
AND Section 24. D. 5800 Arsenal St. 5/28/  Zia. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SI Burial 5-31-57 - Calvary Cemetery St. Louis, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE 25 FUNER	alive on 5-28				<u>6:15am</u>	., from th					
Za. Burial. CREMA- Zab. Date   Zac. Name of CEMETERY OR CREMATORY   Zad. Location (City, town, or county)   (Si Burial   5-31-57   Calvary Cemetery   St. Louis, Missouri	23a. SIGNATURE	. 0	/ (De	gree or title)						23c. DA	TE SI
Burial 5-31-57 Calvary Cemetery St. Louis, Missouri	anson 21	Beck	ham, m	$\mathcal{D}$ .					<u> </u>	15/2	<u>8/</u>
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		246, DATE 5-31-5	1	vary Ce	metery	7	St	. Lou:	is, M		
MAY 2957   Call Smith My Math Hermann & Son, Inc., 2161 1	DATE REC'D BY LOCAL	REGISTRAR'S S		1	25. FUNERA	L DIRECT	OR'S S	IGNATURE	6	DORESS	-
								- wan		2101	. Б

Litable and I

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embali by me, or by ...... Student Embalmer No..

working under my personal supervision...

120 A M. 17 14

STATEMENT BY LICENSED EMBALMER

Signature of Student Embalmer Licensed Embalmer No

¿Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license). , If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.